

Health Care Personnel Shortage Task Force Meetings

June 28, 2005
Health Care Personnel Shortages Task Force
Meeting Notes

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Present: Task Force Members: Lorelee Bauer, Dana Duzan, Joan Garner, Bill Gray, Kyra Kester, Ben Knecht, Holly Moore, Bob Morrison (Designee to Ben Flores), Deb Murphy, Ellen O'Brien Saunders, Ed Phippen (Designee to Troy Hutson), Patti Rathbun (Designee to Secretary Selecky), Diane Sosne, Pat Ward (Designee to Earl Hale). Task Force staff: Madeleine Thompson, Bryan Wilson, Barbara Mix. Others: Chris Blake, Nuala Davies-Shoeman, Marjorie Dobratz, Nancy Hamilton, Steven Hanson, Davis Patterson, Seanna Rivkin, Shema Hanebutte, Bettie Rundlett, Seanna Ruvken, Terry Tatko, (staff) Linda Tieman, Jill Wakefield

Apologies: Senator Keiser, Representatives Cody, Kenney, Cox, Bailey, Task Force members: Frankie Manning, Jim Sulton, Evelyn Torkeleson, Jeff Mero, Diane Zahn

Chair Holly Moore introduced Ben Knecht, who has replaced Brian McAlpin as the representative for the Washington State Medical Association (WMA) on the Task Force. Ben is the Medical Director at Wenatchee Valley Medical Clinic and Co-chair of the health skill panel in North Central Washington.

Chair Holly Moore reminded members and informed new participants of the charge and mission of the Task Force:

The Health Care Personnel Shortage Task Force was established in 2002 and developed a detailed plan for addressing health care personnel shortages, including 16 outcome measures.

- In 2003 the Legislature charged the Task Force to meet twice a year to monitor progress on that plan, and report progress to the Legislature annually.
- Each year the Task Force has laid out priorities both for the Legislature and for others and relies on the commitment of state and local partners to carry out the strategies.
- There has been an increase in the numbers of students entering health care programs, however, Task Force analysis and changes in the demographic composition of the state mean there is still more work to do to recruit, expand educational programs, retain health care personnel, and to recruit a more diverse health care workforce.

1. Summary of Task Force Priorities and Legislative Session

Madeleine Thompson gave an overview of the legislative session (see Tab 2). During last session the Task Force made two appearances at public hearings and had several meetings with legislators to discuss Task Force priorities:

- Task Force member Frankie Manning and Madeleine Thompson reported to the Joint Select Committee on Health Disparities chaired by Senator Rosa Franklin. Ms. Manning and Ms. Thompson presented the recommendations of the Faculty Committee of the Task Force (page 21 of the report). These are recommendations to educational program faculty, administrators, and leaders on what they can do to increase recruitment and retention of diverse faculty. A few examples: educational institutions should ensure their search committees include diverse membership, and there should be post-hiring support for faculty of color. Another recommendation of the Task Force highlighted before this committee was the need to do an annual survey of health care professionals to collect a variety of data, including information on race and ethnicity. This information has not been gathered in this state since 1998.

The Task Force was also asked to report to the Higher Education Committee.

- Chair Holly Moore, Lorelee Bauer, and Madeleine Thompson presented the 2004 progress report and 2005 priorities. Alex Kosmides of the Northwest health skill panel also reported on the activities of their skill panel to demonstrate local area initiatives. The members were pleased with the work of the Task Force yet heard that there is still a need to expand educational programs and recruit and

retain health care personnel. The Higher Education Committee was not particularly warm about the idea of providing more funding for skill panels from the state purse—identifying other sources such as private entities who are partners and federal funding sources.

A priority of the Task Force is to expand capacity in health care education programs:

- The Task Force requested that funding be provided to expand health care programs. In the previous biennial and supplemental budgets the Legislature provided high demand funding. This was funding at an enhanced rate per full-time equivalent student to account for the higher costs of providing those programs. The Legislature also specified health care as one of the occupational areas that should be considered high demand. This biennial budget did not include any allocation of high demand funding.
- Leaders in the higher education community requested more funds for general enrollments rather than high demand enrollments. The Legislature responded by establishing the Education Legacy Trust funded by estate taxes, tobacco sales tax, and a few other sources. A total of 7,900 full-time equivalent (FTE) enrollments will be funded over the next two years: 3,715 at the four-year institutions and 4,185 at the two-year institutions. The State Board for Community and Technical Colleges (SBCTC) has committed to allocating 10 percent of their new enrollments to high demand programs (about 419 enrollments). Funds will be provided at an enhanced rate that will average around \$9,000 per student FTE and will vary according to the cost of the program.

Regarding increase the availability and diversity of health care program faculty: The Task Force nursing and allied health faculty published recommendations in the last Task Force report:

- The Task Force supported increased compensation for faculty to better compete with wages in industry. The Legislature provided cost of living increases and health benefits for community and technical college faculty, faculty increments, and part-time faculty increases, but did not allocate the \$33.3 million requested by SBCTC to enable colleges to increase compensation for faculty who are teaching in high-demand programs. The four-year schools included requests for faculty to provide salaries that are nationally competitive but did not specifically request additional funds for health care faculty.

Goal 3 of the Task Force plan calls for development of health workforce supply and demand data so that all efforts are coordinated and meet various needs of the state. At the Task Force meeting last October the Task Force agreed to move ahead with the joint proposal prepared by the Department of Health (DOH) and the Workforce Training and Education Coordinating Board (Workforce Board) to conduct an annual survey of health care personnel.

- The Chair and Vice-Chair of the Task Force, Holly Moore and Bill Gray, and the heads of the two agencies working on the issue, Mary Selecky, Secretary of Health and Ellen O'Brien Saunders, Executive Director of the Workforce Board, signed a letter requesting that the Governor include an allocation for an annual survey of health care personnel in his budget. This letter was also sent to Governor Gregoire when she came to office. There was no funding allocated in either Governor Locke's or Gregoire's budgets and it did not appear in either the House or Senate budgets. Representative Eileen Cody has expressed interest in pursuing this matter.

Regarding health career exploration and preparation for youth, the Task Force convened a website committee aimed at recruiting youth into health careers.

- Following the committee's recommendations, the Allied Health Center of Excellence has taken up the charge of developing the website and they hope to launch it this Fall.

The Task Force also convened a core curricula committee to examine health care common core curricula models in other states, and the allied health core developed by Yakima Valley Community College (YVCC).

- The Center at YVCC is working with other colleges to share this program, and help schools in the development of a core curriculum in health care programs. More work will be needed here to promote sharing and transfer of these types of programs.

- HB 2382 (passed in 2004) required the Higher Education Coordinating Board (HECB) to convene work groups to develop statewide articulation agreements between two-year and four-year programs. In nursing it was found that some students were completing a lot of extra credits. The group has developed a pre-nursing associate degree that will directly articulate with bachelors in nursing programs at both public and private schools. The group wanted to point out, however, that this pathway would not solve their capacity problems. It would create more clarity for students and smoother transitions but it would not create more spaces.

A priority of the Task Force is to enable local areas to address priority shortages.

- The Workforce Board requested \$2 million to support the expansion and development of skill panels including health skill panels. Funding for this item was not provided.

Other: The 2005 Legislature passed ESSB 5599 to fund a central resource center for the nursing workforce. A surcharge of \$5 will be added to licensing fees for licensed practical nurses and registered nurses. The center may undertake a range of activities including educating the public and K-12 students about the opportunities in nursing, assessing the effectiveness of nursing education, and maintaining information on nurse supply and demand. DOH, in consultation with the nursing commission and the Workforce Board, is to award the grants to undertake these activities.

Ms. Thompson provided a brief update on shortages. The latest statewide job vacancy survey: October 2004. Vacancies for health care practitioners and support personnel totaled 7,170 (down from 8,206 in May 2004). The health care industry led the way with the highest number of vacancies and represented 18 percent of all vacancies in the state. About three quarters of these vacancies require a certificate or license and about 62 percent of health care support position require a certificate or license.

See Tab 5 for a selection of relevant news articles on health workforce shortages and Tab 6 for notices on upcoming meetings and events.

2. Guest Panel: How can the state help educational institutions and health skill panels in implementing health care personnel shortage initiatives?

Panel: Lorelee Bauer, Group Health (Panel Moderator); Marjorie Dobratz, Director of Nursing, UW-Tacoma; Steve Hanson, President, Spokane Community College; Nancy Hamilton, Stevens Hospital, and Chair, Snohomish Health Skill Panel; and Jill Wakefield, President, South Seattle Community College

Nancy Hamilton, Stevens Hospital, chairs the Snohomish County Health Services Careers Partnership (HSCP) formed in 2003 to address health care shortages in Snohomish County. HSCP achievements include:

- The Burnout Prevention Work Team hosted a very successful Nursing Retention Conference on April 26, 2005.
- Developed a Restorative Aide apprenticeship training program with Sun Healthcare.
- A new and innovative program at Everett Community College pays Masters degree nurses to job shadow in nursing education at the college.
- Developed a handout listing all local schools with health care programs and a guide to nursing school prerequisites, distributed through youth career fairs and available at WorkSource Centers. The goal is to get this information to all high schools in Snohomish County during the 2005-2006 school year.

Nancy noted that Stevens Hospital has clearly benefited from being on the skill panel. Workforce Investment Act (WIA) Section 503 incentive funding supported med/surge training to 77 incumbent nurses at Stevens Hospital, along with the 3 other hospitals that are members of the skill panel. Through an HI-B grant, 169 Nursing & Radiology Technology students have enrolled in training from Stevens & Providence Everett. This training has helped to increase job satisfaction, pay, and retention. One of the greatest values of the skill panel has been communicating in a structured setting with education providers and other industry representatives. There is great value in having schools and industry meet, and collaborate to develop solutions. The panel coordinator is very important for this and funding is necessary to keep the position in

place (see packet for more information on the Snohomish HCSP)/ There is a need for more data (i.e., long term care, home health care, the need for more Physical Therapy and Occupational Therapy). Surveys need to be coordinated so health care personnel are not being asked to fill out a multitude of surveys.

Jill Wakefield: Health care programs are new to South Seattle Community College. The college has recently created the nursing assistant and practical nurse programs. The college's niche is in serving a diverse community. South Seattle CC combines English as a Second Language instruction with health care occupational skills—in these combined programs participant employment and earnings results are shown to be higher. This is quite an undertaking as faculty from ESL and health care are working together in the same classroom and collaborate closely. Since South Seattle CC just started the program, there were no territory issues but they instructors wanted to be sure the programs would articulate with higher levels of nursing. South Seattle CC has the advantage of being in a district that is using ladders and lattices.

South Seattle CC graduated its first class of practical nurse students in 2004. Of the 37 students who enrolled, 36 graduated. South Seattle CC will likely apply for high demand funds to be allocated by SBCTC to increase the programs as South Seattle CC has already made a significant investment that warrants expansion. The program was created with the idea of serving workforce needs and increasing diversity in health care.

Steve Hanson: Spokane Community College serves the broadest geographical area in the state—serving not only Spokane but a wide range of counties in eastern Washington. In Spokane, health care is a major industry supporting the economy. The community college prepares more people to go into health than any other industry. The college is a member of two health care skill panels: Spokane County and the other in Eastern Washington Partnership (comprising nine counties). Activities to expand health care education capacity include (but are not limited to):

- A consortium was created to provide the invasive cardiovascular technology program via satellite TV for distancing learning on the east side. This model is very successful.
- Due to a major layoff at Sacred Heart Hospital, Spokane CC applied for, and received, emergency set-aside dollars for practical nurses to get training to become registered nurses.
- Eastern Washington identified the need for practical nurse training in the community so a satellite program was created in Colville.
- The Radiology Technology Program has been transferred from Sacred Heart to Spokane Community College.
- There is a satellite program for allied health programs in Pullman.
- The college can't meet all the demands for training in the counties face-to-face but using satellites is one way to meet training needs, though this is expensive.
- Spokane CC is also hearing that there is a demand for people who can repair medical equipment. The college has the ability to train students but not the funds to buy equipment. The college is trying to put together a consortium to have the equipment donated to the school.

Collaboration is strong in the Spokane region. What is needed is staff time to participate in programs. We need funding to hire people. Networking, alone, is almost a full-time job. Spokane CC is now talking with Northern Idaho to see how they might collaborate.

Marjorie Dobratz: The University of Washington–Tacoma Campus was established in 1990 as branch campus of the University of Washington. The Associate Degree Nurse to Bachelors of Science in Nursing (BSN) program was established in 1992. They have recently established an off-site class for BSN at Providence St. Peter in Olympia which will start in the fall of 2005. There is a need in the community for BSN degree completion.

Marjorie is a member of the local skill panel, the Pierce County Health Services Careers Council (PCHSCC) and she stated this has been very beneficial for their program. Due to funds from WIA Section 503 workforce development incentive money and partnership funds the nursing program was able to do more to expand capacity. Unfortunately most of the funds will end at the end of this fiscal year and PCHSCC are looking for ways to get funding reestablished. The nursing program has very good articulation agreements in place with area colleges and is continuing to form new articulation agreements with other community colleges.

Time to develop projects in addition to other administrative and teaching duties is a big issue. The school has 150 BSN students, 70 graduates, and only 8.5 faculty. Therefore it is hard to find enough time to do additional projects in addition to serving the students in the program. Collaboration works well in Washington. This is the only way to solve the shortages problem, schools and employers need to collaborate.

All panelists affirmed the importance of collaboration.

3. Update on Washington's Health Workforce Supply, Demand, & Data Source, Davis Patterson, Center for Health Workforce Studies, UW

Bill Gray introduced Davis Patterson from the Center for Health Workforce Studies, Department of Family Medicine. The Center is one of six federally funded regional centers in the US that is charged with conducting health workforce research. Davis is giving a brief overview on Washington's Health Workforce? What Data Do We Have and What Do We Need to Know? Davis' report can be found under Tab 3 of the packet.

4. and 5. Achieving Task Force Priorities: What Can Task Force Members Do? Member Issues and Activities, Member Discussion

Holly Moore asked Task Force members to think about their role and who they represent on the Task Force. She asked them to reflect on how they report Task Force information back and how they represent their group.

Bill Gray, representing WSU and also Chair of Empire Health Services, does not feel he represents the four year baccalaureate institutions well and that the Task Force needs to have better four-year representation. Perhaps someone from the Higher Education Coordinating Board or the Council of President's Office could attend meetings. Bill would be interested in writing a letter to our state representatives in Congress on the need to conduct an annual survey of all health care professionals, and promote the issue at that level in addition to the state level.

Diane Sosne of SEIU, represents workers in acute care hospitals, including RNs, professional, technical, and service workers. Diane sees her role as a liaison to keep the front line workers up-to-date on shortage areas and to help them move up the career ladder. Diane interacts with educational institutions and employers to help entry-level workers become aware of training needed and opportunities for upward mobility.

Ben Knecht is a new member and is representing the WSMA. Ben sees his role as making sure WSMA is aware of personnel shortages. He plans to report back to the WSMA regularly. Ben would like to see expanded opportunities and funding for training, especially in the smaller, rural hospitals. He would like to see continued funding for the Health Skill Panels that keep the community efforts focused.

Joan Garner of the Washington State Nurses Association, represents nurses (RNs) in labor issues. Joan advocates for continuing education and certification of nurses in specialty areas. Joan works with CNEWS and the schools to develop articulation and recognition of prior education. She does not believe that people should have to repeat courses they have already completed at another institution.

Holly Moore, President of Shoreline Community College and the Chair of the Task Force, feels she represents a variety of programs from a variety of community colleges. Holly is the voice for community colleges and other programs across state and her biggest commitment is to access. Holly is committed to programs and efforts that get people into the pipeline, with flexible options, and opportunities to enter and exit the education pathway at different points in their lives. Students should be able to build upon their prior learning and experience.

Ellen O'Brien Saunders is the Executive Director of the Workforce Board. The Workforce Board is a state agency with board members representing business, labor, and government. The major purpose is to advise the Governor and Legislature on the education needed to build a skilled workforce. When the nursing shortage came to the fore, the Workforce Board created a place where people could come together and discuss the issues, and Legislators requested the formal Task Force. The Workforce Board continues to

encourage the Governor to continue investments in skill panels. There are currently 12 skill panels in health care around state. Federal discretionary funds have provided start-up and some ongoing funding to the skill panels. The Workforce Board requested state funds for skill panels, but was not successful in 2005 – we will make this request again in 2006 and we hope the Task Force and skill panels will continue to help the Legislature understand the need.

The Workforce Board and DOH support an annual survey of all licensed health professionals to assist with addressing shortages in the areas of greatest need. This issue is on the Board's legislative agenda.

Dana Duzan, from Sacred Heart Hospital, is the allied health representative. Dana stated when she was first asked to be the allied health representative she was not sure she could represent all of allied health but she works with the American Association of Allied Health to understand the wide range of issues in allied health. As a manager in a laboratory, Dana worries about staffing in the long term due to changing demographics.

Ed Phippen (substituting for Troy Hutson representing the Washington State Hospital Association—WSHA) noted that hospitals still have staff shortages but not as many as four years ago. The critical shortages are in imaging, pharmacy, physical therapy and occupational therapy. Hospitals are gradually increasing their use of information technology, and this is soon going to represent a major shift in the way hospitals do business. WSHA and the Health Workforce Institute is working with workforce development councils to see how they might work together across regions, where this makes sense depending on locations of hospitals rather than geo-political boundaries.

Lorelee Bauer (Group Health Cooperative - GH) represents industry and a unique service delivery model. GH employs people across Washington and northern Idaho. GH provides volunteers for many organizations including skill panels, and community colleges advisory boards. Lorelee recognizes the importance of hearing the regional perspective and working on the Task Force presents a key opportunity to learn what is happening in the industry and across the state. She affirms the desperate need for up-to-date data.

Pat Ward (SBCTC) said their role is to provide the Task Force with information from the community and technical college system. Community and technical colleges support the work of the skill panels, and see them as very important for identifying needs and developing solutions. SBCTC shares Task Force information back to the colleges and devise ways to respond to the shortages. Pat noted the work of the Center for Excellence in Allied Health at YVCC that has developed a common core curricula in allied health. The Center is also developing a statewide website aimed at recruiting and preparing youth for health careers, following recommendations of the Task Force subcommittee, among a variety of other health workforce activities. Task Force members expressed interest in having a presentation from the Center at the next meeting.

Patti Rathbun (DOH, Secretary Mary Selecky's designee) reported that DOH takes note of issues identified by the Task Force. DOH worked on legislation to reduce barriers to licensing, and they work with various boards and commissions and 55 health professions on a variety of related issues. DOH goes before the Legislature to have changes made, and works with educators in nursing and other programs. DOH worked with the Workforce Board to create the proposal that went before the Task Force in October 2004 to conduct an annual survey of licensed health care professionals.

Kyra Kester (Office of Superintendent of Public Instruction - OSPI) said OSPI is a recipient of Task Force information and they work to help students and their parents understand and prepare for opportunities in health careers. OSPI is working with schools and students on planning for postsecondary education and careers. She supports the need for up-to-date data, especially occupational data, and forecasting job needs.

Chair Moore and Vice-Chair Gray wrapped up the meeting by commenting on what was heard from the Task Force members including the need to elicit legislative support for health skill panels and data collection.

Ms. Thompson will be working on the annual Health Care Personnel Shortages Task Force Report. She will develop a report that concentrates on outcomes and provide an update on shortages. It was suggested that the report be more concise this year.

It was generally agreed by Task Force members suggested that other members should actively advocate for Task Force priorities which remain the same as for those outlined in 2005.

The next meeting will be held in Spokane in October. The Washington Center for Nursing was asked to report on the recent legislation and update on current plans, Ben Knecht plans to report on physician shortages, there was a request to hear from the Center of Excellence for Allied Health in Yakima, and to hear about the Council of Nurse Educators' plan for nursing education.

If members have agenda item suggestions please send an e-mail to Madeleine Thompson (mthompson@wtb.wa.gov). Workforce Board staff will be contacting members soon for dates for the upcoming meeting.

Meeting adjourned at 4:30 pm.